DECLARATION OF JASON T. WEBER

My full legal name is Jason Thomas Weber. I am of sound mind, over 18 years of age. I make this *Declaration* based upon my personal knowledge and state as follows:

- 1. I am counsel of record for Defendants US Energy Solutions, Inc. ("UES") and Serghei Busmachiu ("Busmachiu") (collectively, "Defendants") in Cause No. DC-19-18533, in the 14th Judicial District Court, Dallas County, Texas (the "Lawsuit").
- 2. I have been practicing law in Texas since 2010 and have never been the subject of any professional disciplinary action or judicial reprimand.
- 3. In connection with the defense of this Lawsuit I served (or caused to be served) a request for a certified copy of Plaintiff Dynamis Energy, LLC d/b/a United Energy Services's ("Plaintiff") corporate records maintained by the Office of the Secretary of State of Texas. Attached hereto as Exhibit 1-A is a true and correct copy of the certified records that were produced by the Texas Secretary of State in response to my firm's request for records related to Plaintiff.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United State of America that the foregoing is true and correct.

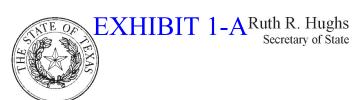
Executed on this 13th day of January, 2020.

Jason T. Weber	
Jason T. Weber	

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

Phone: (512) 463-5555

Prepared by: SOS-WEB



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Dynamis Energy, LLC Filing Number: 801520512

Certificate of Formation	December 14, 2011
Certificate of Merger	April 26, 2012
Certificate of Assumed Business Name	June 04, 2012
Public Information Report (PIR)	December 31, 2012
Public Information Report (PIR)	December 31, 2013
Public Information Report (PIR)	December 31, 2014
Public Information Report (PIR)	December 31, 2015
Change of Registered Agent/Office	June 06, 2016
Public Information Report (PIR)	December 31, 2016
Public Information Report (PIR)	December 31, 2017
Public Information Report (PIR)	December 31, 2018
Certificate of Amendment	February 19, 2019
Change of Registered Agent/Office	November 13, 2019
Public Information Report (PIR)	December 31, 2019

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 09, 2020.

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10266 Document: 936059100003

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State



Phone: (512) 463-5555

Prepared by: SOS-WEB

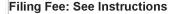
Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10266

Dial: 7-1-1 for Relay Services

Form 401

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709





Statement of Change of Registered Office/Agent

Filed in the Office of the Secretary of State of Texas Filing #: 801520512 11/13/2019 Document #: 926729210002 Image Generated Electronically for Web Filing

Entity Information

The name of the entity is:

Dynamis Energy, LLC

The file number issued to the entity by the secretary of state is: 801520512

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are:

Incorp Services, Inc.

815 Brazos, Suite 500, Austin, TX, USA 78701-0000

Change to Registered Agent/Registered Office

The following changes are made to the registered agent and/or office information of the named entity:

Registered Agent Change

A. The new registered agent is an organization by the name of:

Registered Agents Inc.

OR

□B. The new registered agent is an individual resident of the state whose name is:

Registered Office Change

C. The business address of the registered agent and the registered office address is changed to:

5900 Balcones Drive Suite 100, Austin, TX, USA 78731-0000

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

☑B. The consent of the registered agent is maintained by the entity.

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

Effectiveness of Filing

✓A. This document becomes effective when the document is filed by the secretary of state.

□B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: November 13, 2019 Justin Bishop

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5

Signature of authorized person(s)

FILING OFFICE COPY

Filing Number: 801520512

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5

Texas Franci					-						
Comptroller 05-102 To be filed by Corporations of Public (Rev.9-11/30) This report MUST be											
■ Tcode 13196 Franchise				,							
■ Taxpayer number	■ Report	year		You have c	ertain rights ເ	ınder Cha _l	oter 552 and	559, Gove	ernmen	t Code,	
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DYNAMIS ENERGY, LLC Mailing address						Se	cretary of St	ate (SOS)	file nu	mber o	r
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Principal place of business 8763 SW 27TH LN STE 101, GAIN											
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Please sign below! Report is completed. The informatic report. There is no requirement or p	n is updated	annua	lly as p	oart of the fra	anchise tax						
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Name	Title				Director	Term	m	m d	d	уу	_
JUSTIN BISHOP	V	ICE	PRES	SI	YES	expirat	ion				
Mailing address 8763 SW 27TH LANE, SUITE 101	City	G	AINE	SVILLE		State	FL ZIP Co			ode 32608	
SECTION B Enter the information required for each corpor	ation or LLC	, if any	, in wh	nich this ent	ity owns an i	nterest of	10 percent	t or more	e.		
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Name of owned (subsidiary) corporation or limited liability com	pany	State	of form	nation	Texas SO	OS file nur	nber, if any	Percenta	ge of ov	vnersh	ip
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liability company.											
Name of owned (parent) corporation or limited liability compan	ıy	State	of form	nation	Texas SO	OS file nur	mber, if any	Percenta	ge of o	vnersh	ip
Registered agent and registered office currently on file. (see instance) Agent: INCORP SERVICES, INC.	tructions if yo	u need	to mak	(e changes)			you need fo gent or regi	istered of	fice info		on.
Office: 815 BRAZOS, SUITE 500			City	-	AUSTIN		State TX	Z	P Code 78	701	
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for			imited li	iability compa	ny that files a Te	exas Franch	ise Tax Repor				
I declare that the information in this document and any attachments is to been mailed to each person named in this report who is an officer, direct											
sign here Doris B Cloud	Title	e	ectro		Date)-2019	Area co	ode and p	hone r	umber	
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exa	s Comptr	oner	was a state	INTEREST OF	TIV						

Texas Comptroller Official Use Only

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Texas Franchise Tax Public Information Report

Comptroller 05-102 To be filed by Corporation A Public (Rev.9-11/30) This report MUST Tode 13196 Franchise			,										
■ Taxpayer number	■ Re	port v	/ear		You have c	ortair	viahte un	dor Chan	or 552 as	nd 550	Cove	nmanı	Codo
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		U		9	Contact us o	t (800) 252-1381	lor (512) 4	63-4600	<u>. </u>			
Taxpayer name DYNAMIS ENERGY, LLC													
Mailing address 8763 SW 27TH LN STE 101									etary of				nber or
City				ZIP C	ode	Plus	4	Cor	nptroller				
GAINESVILLE	FL				32608					0801	15205	12	
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Name of owned (subsidiary) corporation or limited liability co	ompany	1	State o	of form	nation		Texas SOS	file num	ber, if ar	y Per	centag	e of ov	vnership
SECTION C Enter the information required for each corpliability company. Name of owned (parent) corporation or limited liability company.			if any, State o			erest	of 10 per						
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Registered agent and registered office currently on file. <i>(see</i> Agent: INCORP SERVICES, INC.	instructions	if you	need t	o mak	e changes)	\bigcirc		circle if y istered ac					rmation
Office: 815 BRAZOS, SUITE 500				City		US			State	ГХ		Code 787	
The above information is required by Section 171.203 of the Tax Code				nited li		00000 000	40.00	as Franchis					
for Sections A, B, and C, if necessary. The information will be available		<u> </u>					P. C. C.	1 17 1					
I declare that the information in this document and any attachments been mailed to each person named in this report who is an officer, di													
sign here Doris B Cloud		Title	Ele	ectro	nic	Date	05-10-	2019			and pl		
Te	xas Com	ptro	ller (Offici	ial Use Or	nlv							
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Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

FEB 19 2019

Corporations Section

Entity Information

The name of the filing entity is:								
Dynamis Energy LLC								
State the name of the entity as currently shown in the reco of the entity, state the old name and not the new name.	ords of the secretary of state. If the amendment changes the name							
The filing entity is a: (Select the appropriate entity type below.)								
For-profit Corporation	☐ Professional Corporation							
☐ Nonprofit Corporation	Professional Limited Liability Company							
Cooperative Association	Professional Association							
Limited Liability Company	☐ Limited Partnership							
The file number issued to the filing entity by the	secretary of state is: 801520512							
The date of formation of the entity is: $12/14/20$	011							

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

RECEIVED SECRETARY OF STATE

FEB 1 9 2019

Form 424

Registrations Unit

Regi (Complete either A or B,	stered Agent , but not both. Also c	complete C.)
A. The registered agent is an organization (ā W
OR B. The registered agent is an individual resi	dent of the state	whose name is:
First Name M.I.	Last Name	Suffix
The person executing this instrument affirms that consented to serve as registered agent.	nat the person de	esignated as the new registered agent
C. The business address of the registered agent	and the registered	d office address is:
		TX
Street Address (No P.O. Box)	City	State Zip Code
3. Other Added, Alto	ered, or Deleted	Provisions
Other changes or additions to the certificate of formation is insufficient, incorporate the additional text by providin form for further information on format.		
Text Area (The attached addendum, if any, is incorporated herein	by reference.)	
Add each of the following provisions to the reference of the added provision and the full tex		nation. The identification or
Alternacia of the fallowing appricions of the		The identification on
Alter each of the following provisions of the reference of the altered provision and the full ter Article 7 Members Robert Michael Scott and Justin Bishop ar Remove members W. Daniel Cook, Robert Case, and	xt of the provision the contract of the only member	n as amended are as follows:
Dalata and a falsa and a falsa da	C 41	
Delete each of the provisions identified belo	w from the certifi	icate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

Effectiveness of Filing (Select either A, B, or C.) mes effective when the document is filed by the selections of the selection of the sele

A. This document becomes effective when t	•									
B This document becomes effective at a late the date of signing. The delayed effective date	er date, which is not more than ninety (90) days from									
C. This document takes effect upon the occurrence of a future event or fact, other than the										
passage of time. The 90 th day after the date of signing is:										
The following event or fact will cause the document	ment to take effect in the manner described below:									
Ex	xecution									
	to the penalties imposed by law for the submission of a critifies under penalty of perjury that the undersigned is ag the entity to execute the filing instrument.									
01/11/2019										
	Dynamis Energy, LLC									
	Into Cirlos									
	Signature of authorized person									
	Justin Bishop									
	Printed or typed name of authorized person (see instructions)									

Form 424

Filing Number: 801520512

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5

Texas Franchise Tax Public Information Report

Comptroller 05-102 To be filed by Corporation. Accounts (Rev.9-11/30) This report MUST be Trode 13196 Franchise						
■ Taxpayer number	■ Report year	You have c	ertain riahts ur	nder Chapter 552	and 559.	Government Code,
3 2 0 4 6 0 2 2 1 5 1	2 0 1	8 to review, re	equest, and corre	ect information v 31or (512) 463-46	ve have or	
Taxpayer name DYNAMIS ENERGY, LLC						
Mailing address 8763 SW 27TH LN STE 101				1 1		SOS) file number or
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Officer, director and manager inform Report is completed. The informatic report. There is no requirement or pofficers, directors, or managers chan SECTION A Name, title and mailing address of each officer.	nation is reported a on is updated annu orocedure for suppl ge throughout the	as of the date a Publi ally as part of the fra ementing the inforr year.	anchise tax		320460221	I (1881 (1881 BI)BI (1881 (1881 1881 IB)
Name	Title	iger.	Director		m m	d d y y
JUSTIN BISHOP	DIRE	CTOR	YES	Term expiration		
Mailing address 8763 SW 27TH LANE, SUITE 101	City	AINESVILLE	L	State FL	7	ZIP Code 32608
Name	Title		Director		m m	d d y y
JUSTIN BISHOP	VICE	PRESI	YES	Term expiration		
Mailing address 8763 SW 27TH LANE, SUITE 101		AINESVILLE		State FL		ZIP Code 32608
Name ROBERT MICHAEL SCOTT II	Title DIRE	CTOR	Director YES	Term expiration	m m	d d y y
Mailing address 124 ROBSART ROAD	City	ENILWORTH		State		ZIP Code 60043
SECTION B Enter the information required for each corpor	1		ity owns an in		rcent or r	
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Registered agent and registered office currently on file. (see ins Agent: INCORP SERVICES, INC.	tructions if you need	d to make changes)	/)	n circle if you ne gistered agent o		ed office information
Office: 815 BRAZOS, SUITE 500		City	AUSTIN	State	TX	ZIP Code 78701
The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available for		limited liability compa	ny that files a Tex	kas Franchise Tax F	leport. Use	additional sheets
I declare that the information in this document and any attachments is t been mailed to each person named in this report who is an officer, direc						The same of the same
sign here Doris B Cloud	Title E	lectronic	Date 05-10 -			and phone number 292 - 4858
Texa	s Comptroller	· Official Use Or	nly	·		
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Texas Franchise Tax Public Information Report

Comptroller 05-102 To be filed by Corporation Accounts FORM Tcode 13196 Franchise		,								
■ Taxpayer number	■ Rep	ort year		You have ce	ertain rights (under Cha	apter 552 and	l 559. Gc	vernmen	t Code.
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Principal place of business 8763 SW 27TH LN STE 101, GAI	NESVILL	_E. FL 3	260	8						
Please sign below! Officer, director and manager info Report is completed. The informat report. There is no requirement or officers, directors, or managers cha	rmation is re tion is updat procedure t ange throug	eported as ted annual for suppler thout the y	of the ly as p menti ear.	e date a Publi part of the fra	nchise tax		(8) 88) 8 8 8 8 8 8 8 8	•III• II•II• II•I		BI 118BI 1811 18B
Name	Title				Director			m d		у у
DANIEL COOK		PRESI	DEN	IT	YES	Term expira	ation			
Mailing address 66 KINGSCOTE WAY	City	THE	wo	ODLAND	S	State	TX	ZIP	Code 7738	2
Name	Title			ODLAND	Director		m	m d		у у
ROBERT MICHAEL SCOTT II		CHIEF	EXE	C	○ YES	Term expira	ation			
Mailing address 124 ROBSART ROAD	City	KE	NIL	.WORTH		State	IL	ZIP	Code 6004	3
Name	Title				Director	Towns	m	m d	l d	у у
DANIEL COOK		DIREC	то	R	YES	Term expira	ation			
Mailing address 66 KINGSCOTE WAY	City	THE	wo	ODLAND	S	State	TX	ZIP	Code 7738	2
SECTION B Enter the information required for each corp		LC, if any,	in w	hich this ent	ity owns an i	nterest o	of 10 percen	t or mo	ore.	
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Name of owned (subsidiary) corporation or limited liability co	mpany	State o	f forr	nation	Texas S	OS file nu	ımber, if any	Percent	tage of ov	vnership
SECTION C Enter the information required for each corp liability company.										
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Registered agent and registered office currently on file. (see in Agent: INCORP SERVICES, INC.	nstructions if	^r you need t	o ma	ke changes)	/)		if you need f agent or reg	istered	office info	
Office: 815 BRAZOS, SUITE 500			City	ν Δ	USTIN		State T)	(ZIP Code 78	701
The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available 1			mited	liability compa	ny that files a To	exas Franc	hise Tax Repo	t. Use ad	ditional sh	eets
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dir										
sign here Doris B Cloud		Title Ele	ectro	onic	Date 05-1 (0-2018			phone r 92 - 48	
Tex	kas Comp	troller (Offic	ial Use Or	nly					
						VE/		PIR II		
				# 11919 ##111 						

Case 3:20-cv-00073-S Document 1-1 Filed 01/13/20 Page 13 of 31 PageID 19

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5

Texas Franchise Tax Public Information Report

Filing Number: 801520512

Comptroller 05-102 To be filed by Corporations OF Public (Rev.9-11/30) FORM This report MUST be									
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■ Taxpayer number	Report	Ť T	_	ertain rights ur equest, and corre	•				
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Taxpayer name DYNAMIS ENERGY, LLC									
Mailing address 8763 SW 27TH LN STE 101					1	etary of Sta ptroller file			nber or
City GAINESVILLE State	FL	ZIF	Code 32608	Plus 4	Com		01520		
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Principal office	year, ii 110 ii ii					ation in sec	LIOIIS A, E	and C.	
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Principal place of business									
Officer, director and manager inform Report is completed. The information report. There is no requirement or pofficers, directors, or managers changes section A Name, title and mailing address of each officer.	n is updated rocedure for ge througho	annually a supplemer ut the year.	s part of the fra Iting the infori	anchise tax		320460	11 111 1111111111111111111111111111111		
Name	Title			Director		m n			у у
ROBERT MICHAEL SCOTT II		DIRECTO	OR .	YES	Term expiration	n 📗			
Mailing address 124 ROBSART ROAD	City	KENI	LWORTH		State	IL	ZIP C	ode 6004 3	3
Name	Title			Director		m n	n d		у у
JUSTIN BISHOP		DIRECTO	OR .	YES	Term expiration	n			
Mailing address 8763 SW 27TH LANE, SUITE 101	City	GAIN	ESVILLE		State FL - FI	ORIDA	ZIP C	ode 32608	3
Name	Title			Director	Term	m n	n d	d y	у у
ROBERT MICHAEL SCOTT II	С	HIEF EX	EC	YES	expiration	n 🔲			
Mailing address 124 ROBSART ROAD	City	KENI	LWORTH		State	IL	ZIP C	ode 60043	3
SECTION B Enter the information required for each corpor	ation or LLC	, if any, in	which this en	tity owns an in	terest of 1	0 percent	or more	2.	
Name of owned (subsidiary) corporation or limited liability com	pany	State of fo	rmation	Texas SO	S file numb	per, if any P	ercentaç	ge of ow	nership
Name of owned (subsidiary) corporation or limited liability com	pany	State of fo	rmation	Texas SO	S file numb	er, if any P	ercentaç	ge of ow	nership
SECTION C Enter the information required for each corpor	ation or LLC	, if any, tha	it owns an int	erest of 10 pe	rcent or m	ore in this	entity c	or limite	d
liability company. Name of owned (parent) corporation or limited liability compan	V.	State of fo	rmation	Tevas SO	S file numh	per, if any P	ercenta	ne of ow	narchin
Iname of owned (parent) corporation of inflited liability compan	y 	State of 10		Texas 30	3 me num	Jei, II ally F			петяпр
Registered agent and registered office currently on file. (see inst Agent: INCORP SERVICES, INC.	ructions if yo	u need to m	ake changes)			ou need for ent or regis			rmation
Office: 815 BRAZOS, SUITE 500		C	ity	AUSTIN		State TX	ZI	P Code 787	01
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for			d liability compa	nny that files a Tex	as Franchise	Tax Report.			
I declare that the information in this document and any attachments is to	ue and correct	to the best							
been mailed to each person named in this report who is an officer, direct Sign	or or manager Title		ioi currentiy em	Date	a related, co			hone nu	
here Doris B Cloud		Elect	ronic	08-21	-2017			2 - 485	
Texa	s Comptr	oller Off	icial Use Oı	nly	_				
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Texas Franchise Tax Public Information Report

Comptroller 05-102 To be filed by Corporations of Public (Rev.9-11/30) Accounts (Rev.9-11/30) This report MUST be								
■ Tcode 13196 Franchise	- 0							
■ Taxpayer number		port y	Γ.Τ			_	•	559, Government Code, ve on file about you.
3 2 0 4 6 0 2 2 1 5 1	2	0	1	/			or (512) 463-4600.	
Taxpayer name DYNAMIS ENERGY, LLC								
Mailing address 8763 SW 27TH LN STE 101							Secretary of Sta Comptroller file	ate (SOS) file number or
City GAINESVILLE State	FL			ZIP Code 32608	Plus	s 4		01520512
Blacken circle if there are currently no changes from previous	year; if n	o info	rmatio	n is displayed, c	omplete	the applicab	le information in Sec	ctions A, B and C.
Principal office]	
Principal place of business								
Officer, director and manager inform Report is completed. The information report. There is no requirement or pofficers, directors, or managers chances the complete of the com	n is upda rocedure ge throu	ated a for si ghout	nnual uppler t the y	ly as part of the menting the in ear.	e franchi	se tax		18 (188 (188 (188 8) 188 (188 (188 (188
Name	Title	0111	lariag	C1.	Dire	ector		m d d y y
JUSTIN BISHOP		VI	CE P	RESI	С) YES	Term expiration	
Mailing address 8763 SW 27TH LANE, SUITE 101	City		GA	AINESVILL			^{tate} FL - FLORIDA	
Name DANIEL COOK	Title	DI	REC	TOR	Dire	YES I	Term	m d d y y
Mailing address	City						expiration tate	ZIP Code
66 KINGSCOTE WAY Name	Title		THE	WOODLA		ector	TX m	77382 m d d y y
DANIEL COOK	Thuic	PR	RESII	DENT	C	YES -	Term expiration	
Mailing address 66 KINGSCOTE WAY	City	٦	THE	WOODLAN	NDS		tate TX	ZIP Code 77382
SECTION B Enter the information required for each corpor	ation or	LLC, i	if any,	in which this	entity o	wns an inte	rest of 10 percent	or more.
Name of owned (subsidiary) corporation or limited liability com	pany	5	state o	f formation		Texas SOS 1	file number, if any F	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability com	pany	9	state o	f formation		Texas SOS 1	file number, if any F	Percentage of ownership
SECTION C Enter the information required for each corpor liability company.	ation or	LLC, i	if any,	that owns an	interest	of 10 perc	ent or more in this	s entity or limited
Name of owned (parent) corporation or limited liability compan	У	5	State o	f formation		Texas SOS 1	file number, if any F	Percentage of ownership
Registered agent and registered office currently on file. (see inst Agent: INCORP SERVICES, INC.	ructions	if you	need t	o make change	s) C		ircle if you need fo tered agent or regi	rms to change stered office information.
Office: 815 BRAZOS, SUITE 500				City	AUS	TIN	State TX	ZIP Code 78701
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for				mited liability cor	npany tha	at files a Texas	Franchise Tax Report	
I declare that the information in this document and any attachments is tr been mailed to each person named in this report who is an officer, direct								
sign here Doris B Cloud		Title	Fle	ctronic	Date	08-21-2		de and phone number
						00-Z 1-Z	(20	7000
Texa	s Com	ptro	lier C	Official Use			VE/DE	PIR IND

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05-102 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

Filing Number: 801520512

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode	13196	Franchise	
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■ Tax	payer	numb	er									Rep	port ye	ear		You have certain rights under Chapte				
3	2	0	4	6	0	2	2	1	5	1		2	0	1	6	Government Code, to review, request and correct info we have on file about you. Contact us at 1-800-2:				
Тахр	ayer na	ame	DY	NAN	IIS I	ENE	RG	Y LL	.C							■ Blacken circle if the mailing address has change				
Mailing address 2620 TECHNOLOGY FOREST BLV						BLVD	/D							Secretary of State (SOS) file number or Comptroller file number						
City	THE WOODLANDS State TX			TX ZIP code plus 4 773				code plus 4 773	7381		0801520512									
0	Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.																			

Principal office

2620 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX, 77381

Principal place of business
2620 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX, 77381

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.



1000000000015

SECTION A Name, title and mailing address of each officer, director, member, general pa	partner or manager.
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SECTION A Name, title and mailing address of each officer,		or manager.							
Name	Title	Director		m	m	d	d	у	у
DANIEL COOK	PRESIDENT	YES	Term expiration						
Mailing address 66 KINGSCOTE WAY	THE WOODLAND	S	State TX			ZIP Co	ode 773	882	
Name	Title	Director		m	m	d	d	у	у
ROBERT MICHAEL SCOTT II	CEO	YES	Term expiration						
Mailing address 2702 COLE AVENUE 222	City		State TX			ZIP Co	^{ode} 752	204	
Name	Title	Director		m	m	d	d	у	у
JUSTIN BISHOP	VP	YES	Term expiration						
Mailing address 7860 SOUTHWEST 82ND DRIVE	GAINESVILLE		State FL			ZIP Co	ode 326	808	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation		Texas SOS file number,	, if any Percei	ntage of ownership
Registered agent and registered office currently on file (see instructions if you need to make Agent: DANIEL COOK	ake changes)		ust make a filing with the registered office or gene		
Office: 2620 TECHNOLOGY FOREST BLVD	City	THE WOOI	DLANDS	State TX	ZIP Code 77381

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

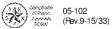
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign Rob Brown Title Member Date 09/15/2016 Area code and phone number (281) 681 - 2381

Texas Comptroller Official Use Only										
					VE/DE	O PIR IND	0			
			CELLIDOS INCICENTA PRIMA PORTE INCICA							

Case 3:20-cv-00073-S Document 1-1 Filed 01/13/20 Page 16 of 31 PageID 22

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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),

3 2 0 4 6 0 2 2 1 5 1 2 0 1 6 Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-138 Taxpayer name DYNAMIS ENERGY LLC Mailing address 2620 TECHNOLOGY FOREST BLVD State TX ZIP code plus 4 77381 O801520512 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.	, ,		,	nd Financial Inst		s	- (//				
Tappayer name DYNAMIS ENERGY LLC State State DYNAMIS ENERGY LLC State State DYNAMIS ENERGY LLC State Corporation in State (SOS) file mumber of composition or of the date you complete the applicable information in Sections A, B and C. Principal place of business SECTION A Name, title and mailing address of each office, director, member, general partner Title State Title Director Term State Director Term State Director Term M d d y y State State Ty Type Code Term M d d y y Type State State State Ty Type Code Term M d d y y Type State State Ty Type Code Term M d d y y Type State State Type Code Term M d d y y Type State State Ty Type Code Term M d d y y Type Code Type Code Term M d d y y Term M d	■ Taxpayer number	■ Report	year				You have	certain rigi	hts und	er Chapter	· 552 and 5.
DYNAMIS ENERGY LLC 2620 TECHNOLOGY FOREST BLVD City THE WOODLANDS Sate TX 27P code plus 4 77381 8001520512 80801520		2 0	1	6		Govern	ment Code	e, to review,	request o	and correc	t informati
THE WOODLANDS State TX ZIP code plus 4 77381 O801520512 Director Robert CASE Mailing address City THE WOODLANDS State Title City THE WOODLANDS State TX ZIP code plus 4 77381 O801520512 O801520	DYNAMIS ENERGY LLC					■ O Blad	ken circl	e if the mai	iling ad	dress has	changed
THE WOODLANDS TX 77381 0801520512 Blacken circle if there are currently no changes from previous year, if no information is displayed, complete the applicable information in Sections A, B and C.	Mailing address 2620 TECHNOLOGY FOREST BL	.VD									number o
Principal office 2620 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX, 77381 Principal place of business 2620 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX, 77381 You must report office, director, member, general partner and manager information as of the date you complete this report. Please sign with this report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Name Title Director Term mm d d d y y ROBERT CASE Mailing address Title Director Term mm d d d y y Term mm d d d y Term mm d d d y Term mm d d d y Term mm d d	City THE WOODLANDS State	TX		ZIP code plus 4	7381			0	8015	20512	
Principal place of business 2620 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX, 77381 You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign below! This report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or member, general partner or member, general partner or more in this entity owns an interest of 10 percent or more in this entity. Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution. State of formation Texas SOS file number, if any Percentage of ownership. SECTION C Enter information for each corporation, LLC, LP, PA or financial institution. State of formation Texas SOS file number, if any Percentage of ownership. The second specific currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD The WOODLANDS State	Blacken circle if there are currently no changes from previous y	ear; if no infor	mation i	s displayed, comp	olete th	e applicabl	e informa	ition in Sec	tions A	, B and C.	
Principal place of business 2620 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX, 77381 You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign bullow: This report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Name ROBERT CASE Mailing address City THE WOODLANDS State TX ZIP Code Name Title Director Term Expiration Term T	Principal office 2620 TECHNOLOGY FOREST BL	VD, THE \	WOOL	DLANDS, TX	(, 77;	381	7				
This report must be signed to satisfy franchise tax requirements. This report must be signed to satisfy franchise tax requirements.	Principal place of business		892 333	100			1 1				
SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Name		•			•		- ∥				
ROBERT CASE Title Director Term m m d d d y y y Mailing address of each officer, director, member, general partner or manager. State TX ZIP Code T77382 T878 T	Please sign below! This report must be signed	d to satisfy	y franc	hise tax req	uiren	nents.	III	1.07			15
Mailing address Title Director Term Expiration Text Term Term Text T	SECTION A Name, title and mailing address of each officer,	director, me	ember, g	jeneral partner	or ma	nager.		100	3000	00000	10
Mailing address State		Title			Direc	tor	Term	m	m	d d	у у
Name Title Director Term Expiration Term Te	ROBERT CASE					YES		on			
Mailing address City State Director Term expiration		City	THE	NOODLANI	os		State	TX	Z		382
Mailing address City State Director YES State ZIP Code Title Director YES State ZIP Code State		Title				tor	Term	m	m	d d	у у
Name Title						YES		on 🔲			
Mailing address City State ZIP Code SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (parent) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	Mailing address	City					State		ZI	IP Code	
Mailing address City State ZIP Code SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (parent) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership Percentage of ownership Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	Name	Title			Direc	tor	Term	m	m	d d	у у
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (parent) corporation, LLC, LP, PA or financial institution State of formation State of formation Texas SOS file number, if any Percentage of ownership Percentage of ownership State of formation Texas SOS file number, if any Percentage of ownership Percentage of ownership Texas SOS file number, if any Percentage of ownership Percentage of ownership Texas SOS file number, if any Percentage of ownership Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Percentage of ownership Texas SOS file number, if any Texas SOS file number, if	Mailing address	City					State		ZI	IP Code	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, If any Percentage of ownership SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (parent) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, If any Percentage of ownership Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD City THE WOODLANDS The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	SECTION B Enter information for each corporation, LLC, LF	P, PA or finan	ncial inst	itution, if any, i	n whic	h this ent	ity owns	an intere	est of 1	0 percer	nt or mo
SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (parent) corporation, LLC, LP, PA or financial institution Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	on	State of	formation		Texas SOS	file numb	er, if any	Percer	ntage of o	wnership
Name of owned (parent) corporation, LLC, LP, PA or financial institution Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD City THE WOODLANDS State of formation Texas SOS file number, if any Percentage of ownership Percentage of ownership You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. City THE WOODLANDS State TX ZIP Code 77381 The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	on	State of	formation		Texas SOS	file numb	er, if any	Percer	ntage of o	wnership
Name of owned (parent) corporation, LLC, LP, PA or financial institution Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD City THE WOODLANDS State of formation Texas SOS file number, if any Percentage of ownership Percentage of ownership You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. City THE WOODLANDS State TX ZIP Code 77381 The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	SECTION C. Francis (security for a decrease in 11.6.1	D DA			di sa a sa			10			-1
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional		P, PA or finar			tnat ov						,
Agent: DANIEL COOK Office: 2620 TECHNOLOGY FOREST BLVD The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional									<u> </u>		
The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional		if you need to m	ake chan	ges)							e registere
The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional	OCOO TEOUNOLOGY FOREST DLVD			City THE V	NOO	DLAND	S	State T	X	ZIP Coc	- 7381
	The information on this form is required by Section 171.203 of the Tax Co				ncial ins	titution that	files a Tex	as Franchis	e Tax Re		
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,	I declare that the information in this document and any attachments is	true and correc	t to the b	est of my knowled							
LLC, LP, PA or financial institution.	LLC, LP, PA or financial institution.			inther of manager			entry emp				
Sign Head Code and phone number Date O9/15/2016 (281) 681 - 2381	nere Rob Brown	1100		ember	Date		2016				
Texas Comptroller Official Use Only	Texa	s Comptro	oller C	Official Use O	nly						
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Form 401 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697



This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

JUN 0 6 2016

512 463-5555 FAX: 512/463-5709 Filing Fee: See instructions	Statement of Change of Registered Office/Agent	Corpor	ations Section
	Entity Information		
1. The name of the entity is:			
Dynamis Energy, LLC	ntly shown in the records of the secretary of state.	-	
		08015205	:10
	he filing entity by the secretary of state is:		
3. The name of the registered	agent as currently shown on the records of	the secretary	of state is:
DANIEL COOK			
Registered Agent Name The address of the registered (office as currently shown on the records of	the secretary	of state is:
		TX	77381
2620 North Crescent Ridge Street Address	City	State	Zip Code
(Complete eithe A. The new registered ag InCorp Services, Inc.	Registered Agent Change r A or B, but not both. Also complete C if the addregent is an organization (cannot be entity named above the state where is an individual resident of the state where	ess has changed ove) by the na) me of:
	M.I. Last Name		Suffix
First Name	Registered Office Change		**
C. The business address	of the registered agent and the registered of	ffice address	is changed to:
	Austin	TX	78701
815 Brazos St., Ste. 500 Street Address (No P.O. Box)	City	State	Zip Code
The street address of the regis agent's business address.	stered office as stated in this instrument is t	he same as th	ne registered ·
Form 401	RECEIVED		
LOUIL TO J	JUN 00 2016		3

Secretary of State

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

Effectiveness of Filing (Select either A, B, or C.) A. This document becomes effective when the document is filed by the secretary of state. B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: The following event or fact will cause the document to take effect in the manner described below: Execution The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument. Date: April 29, 2016 Printed or typed name of authorized person (see instructions)

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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Filing Number: 801520512

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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

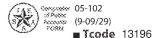


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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Filing Number: 801520512



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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT



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Texas Franchise Tax Public Information Report

Filing Number: 801520512

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Texas Franchise Tax Public Information Report



Comptroller 05-102 of Public Accounts FORM

(Rev.9-11/30) **Tcode** 13196

■ Taxpayer number	■ Report ye	27 4				
3 2 0 4 6 0 2 2 1 5 1	2 0	1 2 to review, red	quest, and correct	ler Chapter 552 and 55 t information we have or (512) 463-4600.		
Taxpayer name DYNAMIS ENERGY LLC						
Mailing address 2620 TECHNOLOGY FOREST BLVD				Secretary of Stat or Comptroller fi	e (SOS) file number ile number	
City State THE WOODLANDS TX		ZIP Code 77381	Plus 4 3904	0801520512		
Blacken circle if there are currently no changes from previou	ıs year; if no infor	mation is displayed, com	plete the applicat	ole information in Secti	ions A, B and C.	
Principal office 4300 N. CENTRAL EXPRESSWAY #325, DALLAS, TEXAS, 752	06					
Principal place of business 4300 N. CENTRAL EXPRESSWAY #325, DALLAS, TEXAS, 752	06					
Please sign below! Officer, director and member inform Report is completed. The informati report. There is no requirement or officers, directors, or members char	on is updated ar procedure for su	nnually as part of the fra pplementing the inforn	anchise tax	3204	602215112	
SECTION A Name, title and mailing address of each office Name	r, director or m Title	ember.	Director	m m	d d y	у
DANIEL COOK	MEMBER		I () YES	Term expiration		
Mailing address 2620 TECHNOLOGY FOREST BLVD Name	City THE WOODLA Title	NDS		State TX	ZIP Code 77381	
MICHAEL SCOTT	CEO		○ YES	Term		,
Mailing address 4300 N. CENTRAL EXPRESSWAY #325 Name	City DALLAS Title	'		State TX	ZIP Code 75206 d d y	у
JUSTIN BISHOP	VP		○ YES	Term		,
Mailing address 8387 5W 78TH LANE	City GAINESVILLE	,		State FL	ZIP Code 32608	
SECTION B Enter the information required for each corporat	ion or LLC, if any	, in which this entity ov	wns an interest o	f 10 percent or more.		
Name of owned (subsidiary) corporation or limited liability con	npany S	tate of formation	Texas SOS	file number, if any Pe	rcentage of ownersh	qir
Name of owned (subsidiary) corporation or limited liability con	npany S	tate of formation	Texas SOS	file number, if any Pe	rcentage of ownersh	nip
SECTION C Enter the information required for each corpoliability company.	ration or LLC, if	any, that owns an inte	erest of 10 perc	ent or more in this e	ntity or limited	
Name of owned (parent) corporation or limited liability compa	ny S	tate of formation	Texas SOS	file number, if any Pe	rcentage of ownersh	qip
Registered agent and registered office currently on file. (see in: Agent: DANIEL COOK	structions if you r	need to make changes)	/)	circle if you need forn stered agent or regist		on.
Office: 2620 TECHNOLOGY FOREST BLVD		City THE WOODLAN	NDS	State TX	ZIP Code 77381	
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for		n or limited liability compa		N. 1	Property Contracts of	ı
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, direc						
sign All All All All All All All All All Al	Title		Date	Area cod	e and phone numbe	,
here / Cass	0	40	08/03/2012	(281) 681 - 2381	
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Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 801520512 6/4/2012 Document #: 424494790002 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

United Energy Services

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

Dynamis Energy, LLC

- 3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is <u>TEXAS</u> and the address of its registered or similar office in that jurisdiction is: **2620 North Crescent Ridge Drive, The Woodlands, TX, USA 77381**
- 4. The period, not to exceed 10 years, during which the assumed name will be used is : 06/04/2022
- 5. The entity is a : **Domestic Limited Liability Company (LLC)**
- 6. The entity's principal office address in Texas is:

4300 North Central Expressway #325, Dallas, TX, USA 75206

- 7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:
- 8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Case 3:20-cv-00073-S Document 1-1 Filed 01/13/20 Page 26 of 31 PageID 32

DocuSign Envelope ID: 701D006E-60C4-413E-9926-00BD29A15FB5

Dynamis Energy, LLC

Name of the entity

By: Robert B. Brown III

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

FILING OFFICE COPY

No. 0147 P. 2

Form 622 (Revised 12/08)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 PAX: 512 463-5709

Filing Fee: see instructions



Certificate of Merger Combination Merger Business Organizations Code This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

APR 2 6 2012

Corporations Section

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation or organization, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

Party 1			
United Energy Services	, Inc.		
Name of Organization		,	
The organization is a	for-profit corporation Specify organizational form (e.g., for-profit co	It is organized under the	laws of
Florida USA		mber, if any, is	
State Country		Texas Secretary of State file	
Its principal place of b	usiness is 8387 5W 7874	LAME CORINESO. He, Flor	1.d432608
☐ The organization v	vill survive the merger. 💟 T	he organization will not survive the	merger.
The plan of merge	r amends the name of the organiza	ation. The new name is set forth bel-	ow.
Dynamis Energy, LLC			
	Nome as Americ	\$ed .	
Party 2			
Dynamis Energy, LLC			
Name of Organization		· · · · · · · · · · · · · · · · · · ·	
The organization is a	limited liability company	It is organized under the	laws of
	Specify organizational form (e.g., for profit co		
Texas USA	The file num	mber, if any, is 801520512	
State Country	salana ia 4200 Novila Gardoni Es	Texas Secretary of State file	
its principal place of of	usiness is 4300 North Central Ex		TX
✓ The organization y		Crip he organization will not survive the r	State merger.
The plan of merger	amends the name of the organiza	ation. The new name is set forth belo	ow.
	Name as Amena	led	
Party 3	·		
N/A			
Name of Organization			
The organization is a		It is organized under the	laws of
	Specify organizational form (e.g., for-profit co		
Form 622	-		
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Def. App. 027

The file number, if any, is
Store Country Its principal place of business is City State
The organization will survive the merger. The organization will not survive the merger.
The plan of merger amends the name of the organization. The new name is set forth below.
Name as Amended
Plan of Merger
The plan of merger is attached. If the plan of merger is not attached, the following statements must be completed.
Alternative Statements
In lieu of providing the plan of merger, each domestic filing entity certifies that:
1. A signed plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization that is named in this form as a party to the merger or an organization created by the merger.
2. On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger and, if the certificate of merger identifies multiple surviving domestic entities or non-code organizations, to any creditor or oblige of the parties to the merger at the time of the merger if a liability or obligation is then outstanding.
Complete isem 3B if the pareger effected changes to the certificate of farmation of a surviving filing entity.
 3A. No amendments to the certificate of formation of any surviving filing entity that is a party to the merger are effected by the merger. 3B. Π The plan of merger effected changes or amendments to the certificate of formation of:
Name of filing antity effecting amendments The changes or amendments to the filing emity's certificate of formation, other than the name change
noted previously, are stated below.
Amendment Text Aren
4. Organizations Created by Merger The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the plan of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger.
Form 622 6

Form 622

				•
Name	of New Organization I		Jurisdiction	Ensity Type (See instructions)
Princi	pal Place of Business Address	City		State Zip Code
Name	of Neve Organizátlan 2		Jurisdiction	Ensity Type (See Instructions)
Princi	pol Place of Business Address	Cip		State Zip Code
Маже	of New Organization 3		Juriediction	Entity Type (See instructions)
Princi	pat Place of Business Address	City		Stok Zip
•	Approval of t	he Plan of M	erger	
	plan of merger has been approved as require mization that is a party to the merger and by			
	The approval of the owners or members of _		Name of doine.	etin and the
was	not required by the provisions of the BOC.		Marie (y Goine.	કાલ્ટ સ્થવા(૪
	Effectiveness of Fi	ling (Solect eithe	r A, B, (1 C.)	
A. 5	This document becomes effective when the	e document is	accepted and i	filed by the secretary of
	This document becomes effective at a later late of signing. The delayed effective date is	•	s not more than	ninety (90) days from
C. [This document takes effect on the occurrer age of time. The 90th day after the date of significant to the date of significant the significant the date of significant the date of significant the sign	ice of the futu	re event or fact	, other than the
	following event or fact will cause the docum		ect in the mann	ner described below:
	, , , , , , , , , , , , , , , , , , , ,			
	Tax C	Certificate		
	Attached hereto is a certificate from the cor 2, Tax Code, have been paid by the non-sur	nptroller of purviving filing e	blic accounts tentity.	hat all taxes under title
V	In lieu of providing the tax certificate, one organizations will be liable for the payment			

7

Def. App. 029

No. 0147 P. 5

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument.

United Energy Services. Inc

Merging Entity Defice

Signature of authorized person (see instructions)

Printed or typed name of authorized person

Dynamis Energy, LLC

Merging Entity Name

Signature of authorized person

Merging Entity Name

Merging Entity Name

Signature of authorized person

Merging Entity Name

Printed or typed name of authorized person

Form 622

8

No. 9937 P. 2/3

FILED In the Office of the Secretary of State of Texas

DEC 14 2011

CERTIFICATE OF FORMATION LIMITED LIABILITY COMPANY OF DYNAMIS ENERGY, LLC

Corporations Section

The undersigned natural person, being of the age of eighteen (18) years or more, acting as the organizer of a limited liability company, does hereby adopt the following Certificate of Formation:

- 1. The name of the limited liability company is Dynamis Energy, LLC (the "Limited Liability Company").
- 2. The address of the registered office and name of the registered agent for service of process is: Daniel Cook, 2620 North Crescent Ridge Drive, The Woodlands, Texas 77381.
- 3. The Limited Liability Company will have managers. The name and address of each initial manager is set forth below:

Daniel Cook 2620 North Crescent Ridge Drive The Woodlands, Texas 77381

- 4. The purpose for which the Limited Liability Company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.
 - 5. The name and address of the organizer of the Limited Liability Company is:

Casey W. Doherty, Sr. Doherty & Doherty LLP 1717 St. James Place, Suite 520 Houston, Texas 77056

6. This document is to become effective when filed by the secretary of state.

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: December 14, 2011.

ORGANIZER:

Casev.W. Doherty, Sr.

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